

## **Application Data Sheet**

### **Application Information**

|                                  |   |
|----------------------------------|---|
| Application Type::               | Regular   |
| Subject Matter::                 | Utility   |
| Suggested Classification::       |   |
| Suggested Group Art Unit::       |   |
| CD-ROM or CD-R?                  | None  |
| Title::                          | Analysis of Pharmaceutical Solubility and Stability |
| Request for Early Publication?:: | No  |
| Request for Non-Publication?::   | No  |
| Suggested Drawing Figure::       |   |
| Total Drawing Sheets::           | 45  |
| Small Entity::                   | No  |
| Petition included?::             | No  |
| Secrecy Order in Parent Appl.?:: | No  |

### **Applicant Information**

|   |                |
|---|----------------|
| Applicant Authority type::              | Inventor       |
| Primary Citizenship Country:            | CN             |
| Status::                                | Full Capacity  |
| Given Name::                            | HONG MING      |
| Family Name::                           | CHEN           |
| City of Residence::                     | ACTON          |
| State of Province of Residence::        | MA             |
| Country of Residence::                  | US             |
| Street of mailing address::             | 8 SAWMILL ROAD |
| City of mailing address::               | ACTON          |
| State or Province of mailing address::  | MA             |
| Postal or Zip Code of mailing address:: | 01720          |

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: HECTOR  
Family Name:: GUZMAN  
City of Residence:: JAMAICA PLAINS  
State of Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 47 WYMAN STREET  
City of mailing address:: JAMAICA PLAINS  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02130

#### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: COLIN  
Family Name:: GARDNER  
City of Residence:: CONCORD  
State of Province of Residence:: MA  
Country of Residence:: UK  
Street of mailing address:: 140 CATERINA HEIGHTS  
City of mailing address:: CONCORD  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01742

#### **Correspondence Information**

Correspondence Customer Number:: 34846

#### **Representative Information**

|                                 |       |
|---------------------------------|-------|
| Representative Customer Number: | 34846 |
|---------------------------------|-------|

#### **Domestic Priority Information**

|                  |                   |                        |                         |
|------------------|-------------------|------------------------|-------------------------|
| Application::    | Continuity Type:  | Priority Application:: | Filing Date::           |
| This Application | <b>Regular US</b> | <b>60/423,365</b>      | <b>November 4, 2002</b> |
|                  |                   | <b>60/423,366</b>      | <b>November 4, 2002</b> |

#### **Foreign Priority Information**

|           |                      |               |                    |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|           |                      |               |                    |

#### **Assignee Information**

Assignee Name::      TransForm Pharmaceuticals